

Carolyn Edmonds, *Board of Health Chair*

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**RESOLUTION NO. 98-304**  
**RECOMMENDING THAT THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)**  
**INFECTION BE MADE A REPORTABLE CONDITION IN**  
**WASHINGTON STATE**

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**WHEREAS**, public health has been successful in controlling communicable diseases such as gonorrhea, chlamydia, syphilis, tuberculosis and hepatitis by case reporting and involvement of public health staff in referral of exposed persons for screening and prevention services; and

**WHEREAS**, it is known that the Human Immunodeficiency Virus (HIV) causes Acquired Immunodeficiency Disease Syndrome (AIDS) and that AIDS was the third leading cause of premature death among King County residents in 1996 and the leading cause of death among men 25 to 44 years of age; and

**WHEREAS**, HIV infection is a serious, life threatening communicable disease for which timely information is essential in the management of disease and evidence now exists that earlier detection may lead to better prognoses and outcomes for affected persons; and

**WHEREAS**, AIDS and other advanced stages of HIV infection have been reportable by name to public health officials in Washington State since 1984 and 1987 respectively; and

**WHEREAS**, AIDS reporting alone provides information which is so remote in time from initial infection with HIV that it provides little insight into current patterns or trends of HIV transmission; and

**WHEREAS**, recent advances in HIV treatment have reduced the rate of progression to AIDS, have led to dramatic declines in AIDS reports, and have further widened the gap between AIDS case reporting and our understanding of current patterns and trends of HIV transmission; and

**WHEREAS**, HIV case reporting will provide public health staff with the opportunity to assure that newly reported patients understand the meaning of the test results, to provide counseling on how to prevent further transmission and, to complete referrals to essential health care and support services; and

**WHEREAS**, HIV case reporting will facilitate accurate planning for prevention and care services, greater access to care, optimization of resource deployment and voluntary and confidential notification of partners; and

**WHEREAS**, evidence in the scientific literature indicates that partner notification services are not adequately assured in the absence of specific public health staff involvement; and

**WHEREAS**, an optimal HIV case reporting system will satisfy CDC performance standards for completeness and timeliness, as well as address community concerns about protecting confidentiality of persons with HIV; and

**WHEREAS**, RCW 70.24.105 addresses the confidentiality of the identity of all persons with sexually transmitted diseases, but the statutory penalty established in RCW 70.24.080 and the cause of action established in RCW 70.24.084 for violating the confidentiality safeguards may not sufficiently serve to deter inappropriate disclosure; and

**WHEREAS**, local public health agencies and Washington State have demonstrated commitment, competence and success in assuring the confidentiality of persons with reported communicable disease for decades, including cases of AIDS reported since 1984; and

**WHEREAS**, provision of effective HIV prevention and care services is best accomplished by close public and private community partnerships, and effective reporting systems should reflect concerns of community partners; and

**WHEREAS**, the King County Board of Health recognizes community concerns that such a reporting system should protect the identity of persons being reported so as to adequately protect infected persons from any societal discrimination;

**NOW, THEREFORE, BE IT RESOLVED THAT THE KING COUNTY BOARD OF HEALTH** recommends to the Washington State Board of Health:

1. That the current Washington Administrative Code 246-100 be amended to include HIV case reporting by standard identifiers, including name, from health care providers and laboratories;
2. That the Washington Administrative Code 246-100 require named reporting at a local or regional level and reporting to the State Department of Health by standard coded identifier through a "soundex" system model, and further, that names of HIV cases reported locally will be expunged from case reports within 90 days of reception and referenced thereafter only by a non-name "soundex" based code;
3. That an evaluation be conducted of the reporting method described in #2 above to assure that the system meets performance standards as set by CDC HIV surveillance guidelines;
4. That WAC 246-100-076 be amended to provide that beginning in April 1999, health care providers be required to report all newly diagnosed cases of HIV (i.e., incident cases) to the local or regional health jurisdiction, and that all other HIV cases (i.e., prevalent cases that were diagnosed or tested positive prior to April 1999) be reported through the usual course of care provision, such as monitoring, treatment, and retesting. Both incident and prevalent reporting will furthermore be protected by the conditions of confidentiality, limitations on name retention and other subsections of WAC 246-100;
5. That the State Board of Health, through the Executive Branch, should seek changes to the state law (Revised Code of Washington (RCW) sections 70.24.080; 70.24.084; 70.24.105) to increase penalties for breaches of confidentiality so that the penalties are commensurate with the potential loss and discrimination suffered by the affected individual; and that disclosure with malicious intent of another person's HIV status by any persons who have access to medical information, including but not limited to providers, laboratory technicians, couriers, office staff, counselors, case managers, health department personnel, insurers, disability evaluators, pharmacists and pharmacy staff, be raised to a felony;

6. That WAC 246-100-072 (and other sections as appropriate) assure that partner notification is voluntary in nature, complies with federal guidelines for spousal notification, protects the identity of the infected person, and, if provided by public health, is initiated through contact with the primary health care provider who has adequately informed and received consent from the infected individual;
7. That any change of current reporting requirements should assure the continuance of anonymous testing for HIV within Washington State and that WAC 246-100 state clearly that the availability of anonymous testing within a community is reasonably maintained or enhanced to meet demands;
8. That a significant educational effort by public health and its community partners with commensurate public and private resources be undertaken to inform individuals in targeted audiences and health care providers on the importance of an individual knowing their HIV status, the benefit of early access to care, the purposes of case reporting, how confidentiality is protected, how to access anonymous testing, the ramifications and differences between confidential and anonymous testing choices, and the importance and voluntary nature of partner notification;
9. That WAC 246-100 be clearly stated and formatted, and an executive summary prepared, so that the letter and intent of provisions related to reporting, testing and partner notification are easily understood by individuals and health care providers; and
10. That these changes be enacted immediately.

**BE IT RESOLVED FURTHER THAT THE KING COUNTY BOARD OF HEALTH**

recommends to the Washington State Legislature:

That individuals tested positive for HIV be guaranteed access to treatment of HIV and its sequelae through the provision of full funding for coverage under Medicaid and the AIDS Drug Assistance Program (ADAP), and that these programs meet all demand at any time.

KING COUNTY BOARD OF HEALTH

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s/Greg Nickels/s

Adopted January 15, 1999